



Mendota Mdewakanton Dakota Tribal Community

Phone: 651-452-4141
mendotadakota@gmail.com
www.mendotadakota.com

MMDTC
1200 Centre Pointe Curve
Mendota Heights, MN, 55120

"To preserve, protect, and promote the Dakota culture for future generations."

June 17, 2024

Dear members, disenrolled members, and relatives:

As of July 15, we, the Mendota Mdewakanton Dakota Tribal Community, are ending the mandatory membership dues system for lineal members. We have determined that the negative effects of the dues system on our enrollment and our relationships with one another far outweigh the financial benefits. From now on, MMDTC operating costs and programs will be funded through grants and voluntary donations.

What does this mean for you?

Currently enrolled members: If you are currently enrolled and up to date with your dues, we encourage you to consider continuing to make donations to the MMDTC on a voluntary basis. As these donations will be made to the 501(c)(3) tribal non-profit organization, you will be able to write them off on your taxes. If you no longer wish to continue sending money or wish to adjust the amount or timing of your donations, we understand and want to assure you that your decision will have no impact on your enrollment status. For those members on the ACH system, we will be halting ACH withdrawals in mid-July unless you inform us that you would like to continue to contribute to the community in this manner.

Disenrolled (Inactive/Removed/Withdrawn) members: We realize that there has been a lot of stress and conflict in the community related to dues and financial issues. It is our hope that we have gotten past most of the problems that caused those conflicts. We are turning over a new leaf and we invite you to return to the community if you wish to do so. There will be no re-enrollment fee or back dues demanded of you. If you would like to contribute financially to the community once or on a regular basis, we invite you to do so, but will not require it. For those living within 25 miles of St. Paul and Minneapolis, we also highly encourage you to come to our sweat lodge, powwow, and culture courses and even to volunteer to help out at events or with daily operations.

If you wish to re-enroll, we will require a new notarized application form, a notarized consent to be enrolled form, and for those already enrolled with another tribe, a notarized request to switch your enrollment to our tribe if we get federal recognition. (Signing this request will have no effect on your current enrollment status unless we get federally recognized.) We will also require a certified copy of your birth certificate for ID purposes. If you need time to order a copy, a digital image of the copy you have will do for now.

Relatives of enrolled and disenrolled members: Would you like to be enrolled in our community? We've met your grandparents, parents, siblings, aunties, uncles, and/or cousins and we would really like to get to know you. We do fun things like powwow, sweat lodges, and arts classes. We plan to expand our program offering in the coming years. If you wish to enroll, we will require a notarized application form from you, a notarized consent to be enrolled form, and for those already enrolled with another tribe, a notarized request to switch your enrollment to our tribe if we get federal recognition. We will also require a certified copy of your birth certificate for ID purposes. If you need time to order a copy, a digital image of the copy you have will do for now.

What's next?

We have nearly completed our federal recognition petition. We will be submitting it by September 12, 2024, once we have brought our membership roll up to date. If you wish to be included on the base roll that will be submitted with the petition, we must receive your enrollment documents before September 1. If we receive your documents after that date, we can still enroll you, but your name will not go to the Office of Federal Acknowledgment.

Please mail the hard copies of your enrollment documents to:

Mendota Mdewakanton Dakota Tribal Community
1200 Centre Pointe Curve, Ste 125
Mendota Heights, MN 55120

Please email digital copies to:

Danielle Ross (MMDTC Secretary): danielle.ross@usu.edu

If you have any questions, please contact:

Steven Renville (MMDTC Vice-Chairman): steven.renville@gmail.com
Danielle Ross (MMDTC Secretary): danielle.ross@usu.edu

Sincerely,

Mendota Mdewakanton Dakota Tribal Community Tribal Council



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Step 1. The applicant will submit a completed MMDTC Enrollment Application, along with all the necessary attachments to:

**MMDTC Tribal Council
Mendota Mdewakanton Dakota Tribal
Community 1200 Centre Pointe Curve, Ste. 125
Mendota Heights, MN 55120**

Step 2. The MMDTC Tribal Council will review the applicant's Enrollment Application and attachments to determine authenticity and accuracy.

Step 3. MMDTC Tribal Council will inform the applicant of its decision.

● **Application is incomplete or inaccurate:**

- Incomplete – The MMDTC Tribal Council will communicate in writing to the applicant that further information or documentation is needed.
- Inaccurate – The MMDTC Tribal Council will communicate in writing to the applicant that there are errors in the application that need to be resolved.

● **Application is complete and accurate:**

- Accepted – The MMDTC Tribal Council will send a letter to the applicant informing them that they have been enrolled in the community.
- Denied – The MMDTC Tribal Council will send a letter to the applicant explaining why the application is not eligible to be enrolled in the community.

PART A: MEMBERSHIP CRITERIA

To be eligible to enroll in the Mendota Mdewakanton Dakota Tribal Community, the applicant must prove that they are a lineal descendant of at least one Dakota ancestor listed on one of the following documents:

- "Halfbreed Claimants of the Sioux of the Mississippi" from the Treaty of 1837
- Johnson and Jones Report (1855-1856)
- Schedule of Indian Population for Mendota, Dakota County, MN on the U.S. Federal Census of 1900
- Schedule of Indian Population for Mendota, Dakota County, MN on the U.S. Federal Census of 1910

It is the responsibility of the applicant to submit their certified birth certificate as well as copies of all written documents necessary to prove their descent from their ancestor that appears on either of these rolls. Such documents may include: (1) birth certificates, (2) baptismal records, (3) marriage certificates, (4) death certificates, (5) federal, state, and Indian censuses, (6) adoption records, (7) divorce records, (8) last wills and testaments, (9) military draft and service records, (10) tax records, and (11) obituaries. Oral testimony and family lore will not be accepted as proof of ancestry.

PART B: ABOUT YOU			
Today's Date:			
Last Name	First Name	M.I.	Sex: M F
Maiden, Indian, or other name by which you are known:			
Address	City	State	Zip Code
Home Phone	Work Phone	Cell phone:	FAX:
Email:			
Date of Birth:	Place of Birth		
Are you a U.S. Citizen?	Yes	No	Mdewakanton blood Degree
Enrolled with another tribe?	Yes	No	Name of the tribe:
(if yes, a conditional relinquishment form is required)			

PART C: PROOF OF DESCENDANCY (DAKOTA ANCESTOR FROM WHOM YOU ARE DESCENDED)			
Last Name:	First Name:	Middle:	Mdewakanton Blood Degree
Census used:	Census ID Number:		
Evidence (originals or certified copies) of your birth date and parentage must be attached.			
Birth or Baptismal Certificate, Family Tree (form attached), Marriage Certificate (if name was changed)			

PART C: SUBSECTION 1. ABOUT YOUR FAMILY HISTORY – YOUR FATHER:			
Last Name:	First Name:	Middle:	Mdewakanton Blood Degree
(city, county, state)			
(city, county, state)			
Enrolled with another tribe? Yes No Name of the tribe: _____			
Father's Father Last Name	First Name	M.I.	Mdewakanton Blood Degree
Father's Mother Maiden Name	First Name	M.I.	Mdewakanton Blood Degree

PART C: SUBSECTION 2 ABOUT YOUR FAMILY HISTORY – YOUR MOTHER:

Last Name:	First Name:	Middle:	Mdewakanton Blood Degree
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Date of Birth	Place of Birth	(city, county, state)
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Date of Death	Place of Death	(city, county, state)
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Enrolled with another tribe?	Yes	No	Name of the tribe: _____
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Mother's Father: Last Name	First Name	Middle	Mdewakanton Blood Degree
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Mother's Mother: Maiden Name	First Name	Middle	Mdewakanton Blood Degree
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PART D: VERIFICATION

I certify that all information in this application is true and correct. I am aware that criminal penalties are provided by statute for knowingly making false statements.

Applicants Signature:	Date:
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Notary Signature (SEAL):	Date:
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COMPLETE THIS SECTION IF APPLICATION IS FILED ON BEHALF OF ANOTHER PERSON

Name of person filing application:

Address	City	State	Zip Code
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Relationship to applicant:

FOR OFFICE USE ONLY

Date Received:	Date Reviewed:	Tribal ID:
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Received by (name):	Membership Was: Accepted or Denied
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Reason For Denial:

INDIVIDUAL HISTORY CHART

(To be completed by each adult member of the group)

MEMBER'S NAME: _____

NAME OF MEMBER'S WIFE/HUSBAND: (If wife, give name before marriage)

NAMES OF MEMBER'S CHILDREN: (Indicate whether child is male or female)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

NAME OF MEMBER'S FATHER: _____

NAME OF MEMBER'S MOTHER: (Give name before marriage)

NAMES OF MEMBER'S BROTHERS:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

NAMES OF MEMBER'S SISTERS:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

(Name of person preparing this chart if not a member of the group) (Date prepared)

Name: _____
Address: _____
Telephone: (A/C _____) _____

ANCESTRY CHART

Person No. 1 on this chart is the same
person as No. _____ on chart No. _____

CHART NO. _____

KEY TO ABBREVIATIONS:

b. Date of Birth
p.b. Place of Birth
m. Date of Marriage
p.m. Place of Marriage
d. Date of Death
p.d. Place of Death
Write dates as month, day, year [Oct 2, 1978]
Write places as city or town, (county), state
[Chicago (Cook) Illinois]

HOW TO USE THIS FORM: Begin by entering the information about yourself at No. 1, your father at No. 2, his father at No. 4, and so on. If you need to trace your ancestry father back than this form allows, simply enter the name of your relative which appears in the column numbered 8 through 15 in blank No. 1 on another chart and continue. Documentary evidence must be furnished.

1	b. p.b. m. p.m. d. p.d.	2	(Father of No. 1) b. p.b. m. p.m. d. p.d.	3	(Mother of No. 1) b. p.b. d. p.d.	4	(Father of No. 2) b. p.b. m. p.m. d. p.d.	5	(Mother of No. 2) b. p.b. d. p.d.	6	(Father of No. 3) b. p.b. m. p.m. d. p.d.	7	(Mother of No. 3) b. p.b. d. p.d.	8	(Father of No. 4) b. p.b. m. p.m. d. p.d.	9	(Mother of No. 4) b. p.b. d. p.d.	10	(Father of No. 5) b. p.b. m. p.m. d. p.d.	11	(Mother of No. 5) b. p.b. d. p.d.	12	(Father of No. 6) b. p.b. m. p.m. d. p.d.	13	(Mother of No. 6) b. p.b. d. p.d.	14	(Father of No. 7) b. p.b. m. p.m. d. p.d.	15	(Mother of No. 7) b. p.b. d. p.d.
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Paperwork Reduction Act Statement: This information is collected to meet the mandatory criteria for acknowledgment set out in 25 CFR 83. The information is supplied by a respondent to obtain a benefit, Federal acknowledgment as an Indian tribe. It is estimated that responding to the request will take an average of 30 minutes to complete. This includes the amount of time it takes to gather the information and fill out the form. An agency may not request nor sponsor, and a person need not answer a request for information that does not contain a valid OMB control number. If you wish to make comments on the form, please send them to the Attn: Information Collection Clearance Officer—Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240. Comments, including names and addresses of respondents, will be available for public review at this Indian Affairs address during business hours. Before including your address, phone number, e-mail address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. In compliance with the Paperwork Reduction Act of 1995, as amended, the collection has been reviewed by the Office of Management and Budget and assigned a number and expiration date. The number and expiration date are at the top right corner of the form.

MMDTC Enrollment Consent Form

LAST NAME

FIRST NAME

MIDDLE NAME

I, _____, being of legal age, hereby
PLEASE PRINT FULL LEGAL NAME
give my consent to have my name enumerated on the census roll of the Mendota Mdewakanton
Dakota Tribal Community of the State of Minnesota.

ENROLLEE SIGNATURE

DATE SIGNED

Notary of the Public

I, _____, being a duly sworn Notary
PLEASE PRINT NAME
of the Public, from the State of _____, on this day the _____,
PLEASE PRINT

In the month of _____, in the year 20_____.
The person, named above, did sign this Enrollment Consent Form 1001 in my presence.

**Notary Stamp
or
Seal**

NOTARY SIGNATURE

DATE SIGNED

BELOW THIS LINE IS FOR ENROLLMENT COMMITTEE ONLY

MMDTC Dual Enrollment Consent Form

LAST NAME

FIRST NAME

MIDDLE NAME

I, _____, being an enrolled member
Please Print Full Legal Name

of the _____ Tribe / Community,
Please Print Full Name of Tribe / Community

hereby state, my intention of relinquishing all my rights, and membership in full, including any, and all land assignments, or allotments with the foregoing Tribe / Community. The date of this relinquishment as a member of the foregoing Tribe / Community begins on the day of an affirmative final decision for Federal Recognition of the Mendota Mdewakanton Dakota Tribal Community. And I give my consent to have my name enumerated on the census roll of the Mendota Mdewakanton Dakota Tribal Community of the State of Minnesota.

ENROLLEE SIGNATURE

DATE SIGNED

Notary of the Public

I, _____, being a duly sworn Notary
PLEASE PRINT NAME
of the Public, from the State of _____, on this day the _____,
PLEASE PRINT

In the month of _____, in the year 20_____.

The person, named above, did sign this Enrollment Consent Form 1001 in my presence.

**Notary Stamp
or
Seal**

NOTARY SIGNATURE

DATE SIGNED

BELOW THIS LINE IS FOR ENROLLMENT COMMITTEE ONLY

Enrollment Committee member please verify that the MMDTC Consent form has been filled out completely and correctly. Also verify person named above matches name on Application, or current enrolled member file, and add Consent form to that enrolled members file. Add your name, date and initialize Consent form.

COMMITTEE MEMBER NAME (PLEASE PRINT)

DATE SIGNED / INITIALIZED